



2016 Dental Insurance Benefit Summary

Grand Forks County

SCHEDULE OF BENEFITS

Type A – Preventive Services	Plan pays 100% of usual & customary charges, no deductible
Type B – Basic Services	Plan pays 80% of usual & customary charges, after deductible
Type C – Major Services	Plan pays 50% of usual & customary charges, after deductible
Type D – Orthodontics	Year 1 – 0%; Year 2 & thereafter – 50%
Deductible (per calendar year)	\$50 per individual; maximum of \$150 per family
Deductible applies to	Types B & C
Calendar Year Maximum Benefit Paid for Types A, B & C	\$1,000
Orthodontic Lifetime Maximum per Child	\$1,000

PLAN DESIGN FEATURES

(see other side for more details)

TYPE A Preventive Services	TYPE B Basic Services	TYPE C Major Services	TYPE D Orthodontic Services
<ul style="list-style-type: none">• Oral Exams• Full mouth X-Rays• Bitewing X-Rays• Prophylaxis/Cleaning• Fluoride Treatments	<ul style="list-style-type: none">• Periapical X-rays and other X-rays• Space Maintainers• Fillings• Periodontal maintenance• Emergency Palliative Treatment• Injections of Antibiotic Drugs• Sealants	<ul style="list-style-type: none">• Inlays/Onlays• Crowns• Pulp Capping• Root Canal Treatment• Periodontics• Scaling & Root Planing• Rebases / Relines• Repairs• Dentures• Bridges• Surgical Extractions• Oral Surgery• Implants• General Anesthesia• Consultations	<ul style="list-style-type: none">• Orthodontic Diagnostics• Orthodontic Treatment <p>Coverage limited to dependent children under age 19.</p>

How does the plan work?

You and your dependents have complete freedom of choice to visit any dentist you wish. Your deductible requirements must be satisfied before plan reimbursement will be made. Keep in mind that the deductible does not apply to preventive care.

Are there any waiting periods?

If you apply when you are first eligible, there will be no waiting periods for coverage, except for orthodontics. If you or a dependent decline coverage when it is first offered, and then apply at a later date, there will be waiting periods for Basic, Major and Orthodontic services (see other side for details).

How long can my children be covered?

Unmarried dependent children can be covered until the end of the month in which they turn age 26, regardless of student status. Orthodontic benefits are limited to children up to age 19.

Can I find out how much services will cost and obtain an estimate of what the plan will cover prior to treatment?

Yes. MetLife strongly recommends that you have your dentist submit a pre-treatment estimate for services in excess of \$300. While you wait, your dentist can get a real-time pre-treatment estimate online or over the phone in minutes detailing what services the Plan will cover and at what payment level.

Employee Cost for Coverage – effective 2/1/16

	Pay Period	Monthly
Employee Only	\$ 18.31	\$ 36.61
Employee + 1 dependent	39.79	79.58
Employee + 2 or more dependents	66.24	132.48

PROVISIONS / LIMITATIONS ON DENTAL SERVICES

Type A (Preventive Services)

- Oral exams, but not more than once every 6 months.
- Full Mouth X-rays, but not more than once every 60 months.
- Bitewing X-rays, but not more than once every 6 months for Dependent Children under 19 years of age, and once every 12 months for all other Covered Persons.
- Scaling and polishing of teeth (oral prophylaxis), but not more than once every 6 months.
- Topical fluoride treatment for a Dependent child under 19 years of age, but not more than once every 12 months.

Type B (Basic Services)

- Sealants which are applied to non-restored, non-decayed, first and second permanent molars only, for a Dependent child up to 14 years of age once per tooth per lifetime.
- Space Maintainers for a Dependent under 19 years of age.
- Periodontal maintenance, but limited to 2 times in a year less the number of teeth cleanings received during such year.

Type C (Major Services)

- Initial Installation of Cast Restorations
 - Cast Restoration means an inlay, onlay or crown.
 - Replacement of any Cast Restorations with the same or a different type of Cast Restoration but not more than one replacement for the same tooth within 120 months.
 - Core buildup, labial veneers and post and cores, but not more than one of each service for a tooth in a period of 10 years.
- Prefabricated stainless steel crowns or prefabricated resin crowns, in either case, only for primary teeth but not more than once in any 120 month period.
- Endodontics
 - Root canal treatment not more often than once every 24 months for the same tooth.
- Periodontics
 - Periodontal scaling and root planing but not more than once per quadrant or area every 24 months.
 - Periodontal surgery, including gingivectomy or gingivoplasty, osseous surgery, bone replacement graft, and guided tissue regeneration once per quadrant or area every 36 months.
- Relining and Rebasing of existing removable dentures but not more than once in 36 months.
- Those services needed to replace one or more natural teeth which are lost while Dental Expense Benefits for the Covered Person are in effect for:
 - installation of fixed bridgework done for the first time.
 - installation for the first time of a partial removable denture; or a full removable denture.
- Replacing an existing removable denture or fixed bridgework if:
 - it is needed because of the loss of one or more natural teeth after the existing denture or bridgework was installed and
 - the denture or bridgework cannot be made serviceable; or
 - it is needed because the existing denture or bridgework can no longer be used and was installed more than 10 years prior to its replacement.
- Replacement an existing immediate temporary full denture by a new permanent full denture when:
 - the existing denture cannot be made permanent; and
 - the permanent denture is installed within 12 months after the existing denture was installed.
- Adding teeth to an existing partial removable denture or to bridgework when needed to replace one or more natural teeth removed after the existing denture or bridgework was installed.
- Implants, but no more than once for the same tooth position in a 10 year period.
- Administration of general anesthesia, when dentally necessary as determined by Metropolitan in terms of generally accepted dental standards in connection with oral surgery, extractions, or other covered dental services.
- Consultations, not more than 2 in any 12 months.

Type D (Orthodontic Services)

- Benefit for initial preparation, work up & installation of Orthodontic appliance is 20% of the total covered expense.
- All dental procedures performed in connection with Orthodontic treatment are payable as Orthodontia.
- Payments are on a repetitive basis (monthly installments).
- Benefits end at cancellation.
- Benefit available for dependent child up to age 19.

Waiting Periods

If you enroll in the dental plan when you are first eligible (1st day of the month following 30 days of employment), there are no waiting periods for coverage, except for orthodontics. If you decline coverage when first eligible, and then wish to enroll at a later date, you may do so on February 1. In this case, you will be considered a Late Entrant and subject to these waiting periods:

Type A Expenses – No Waiting Period; Type B Expenses (Fillings) – 6 months from effective date; Type B Expenses (all other services) – 12 months from effective date; Type C & D Expenses – 24 months from effective date

The service categories and plan limitations shown above represent an overview of your Plan of Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan. A summary plan description will be made available following your plan's effective date, and will govern if any discrepancies exist between this overview and the actual summary plan description.